

City of High Point—Public Services Department

Kersey Valley Landfill and Ingleside Composting Facility

Credit Application and Agreement

A. Applicant					
Legal Business Name:					
Street Address:		City:		State:	Zip:
Billing Address:		City: City: Fax:F		_State:	Zip:
Phone:	Fax:		_ E-Mail:		
B. Business Informati	<u>on</u>				
Type of Business:			How Long i	n Business	S:
Owner:			DL#		
Partner:			DL#		
Tax: ID#					
C: <u>Trade References</u> :					
<u>Name</u>	<u>Contact</u>	A	<u>Address</u>		Phone#
1					
2.					
3.					
The proceeding information Authorize The City of High Reporting regarding my/ou review for the purpose of n CREDIT TERMS: Stateme considered late.	n Point to investigate all reduction	references and cr sponsibility for th ationship.	redit information see purpose of obtain	ources inclu ning credit	iding credit and for periodic
VENUE: All amounts due	to The City of High Poi	nt are payable to	PO Box 230 High	Point, NC	<u> 27261.</u>
OWNERSHIP: I/We under ship, the name of the busine					nges in owner-
In the event of default, and agrees to pay all reasonable			and/or attorney for	collection,	the undersigned
Sign Name:	Pr	int Name:		Date	:
Sign Name:Sign Name:	Pr	int Name:		Date	»:
Approved by:					

PO Box 230 High Point, NC 27261 Ph: 336-883-3433 Fax: 336-883-1785